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CONFIRMATION NO. 1917

<b>SERIAL NUMBER</b> 09/818,168	<b>FILING OR 371(c) DATE</b> 03/27/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3696	<b>ATTORNEY DOCKET NO.</b> 8271/85864
<b>APPLICANTS</b> Michael A. Munoz, Derby, CT; Emre Oksan, Mount Prospect, IL; David Raul Munoz, Tacoma, WA;				
<b>** CONTINUING DATA *****</b>  <b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 05/23/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 25
		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 22242				
<b>TITLE</b> SYSTEM AND METHOD FOR AUTOMATED PRESCRIPTION MANAGEMENT				
<b>FILING FEE RECEIVED</b> 505	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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